

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039361

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. 5664 Registrar's No. 95

FILED NOV 7 1962

VS 300
Rev. 4/59

1 0560

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reddish		c. CITY OR TOWN Canton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prairie View Rest Home		d. STREET ADDRESS (If outside, give location) 606 Madison St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle - Last Six		4. DATE OF DEATH Month Oct. Day 24 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 5, 1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 77 Days 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Hull, Illinois
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James Six	
13b. MOTHER'S MAIDEN NAME Rose Glancer		14. NAME OF HUSBAND OR WIFE Lillie Mae Hunsicker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Lillie Six, Canton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 1 Hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio Sclerotic Senility	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2 Month, Day, Year June 62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Canton, Lewis Co. Mo.	
21. I attended the deceased from 2 June 62 to 24 Oct 62 and last saw him alive on 10 Oct 62		Death occurred at D.O.A. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE John W. Wells (Degree or title) D.O.		22b. ADDRESS Lewis, Mo.	
22c. DATE SIGNED 25 Oct 62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 26-1962		23c. NAME OF CEMETERY OR CREMATORY Forest Grove	
23d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.		24. FUNERAL DIRECTOR Carl H. Buckley, Canton Mo.	
25. DATE RECD. BY LOCAL REG. 11-2-62		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl H. Buckley

Licensed Embalmer No. 2615
P. O. Address Canton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.